



Arkansas Psychology Board

101 East Capitol Avenue, Suite 415 • Little Rock, AR • 72201

Phone: 501.682.6167 • Fax: 501.682.6165

www.psychologyboard.arkansas.gov

Email: | APBinfo@arkansas.gov

PLEASE PRINT

2012-2013 License Renewal			
LICENSEE INFORMATION:			
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Choose Only ONE (1) Option			
Name:			
License Number:			
Spoken Languages and/or Sign Language:			
LICENSURE STATUS:			
Choose one: <input type="checkbox"/> Active (\$200) <input type="checkbox"/> Voluntary Inactive (\$100) <input checked="" type="checkbox"/> Retired (\$0)			
REQUIRED PUBLIC MAILING ADDRESS and BOARD CORRESPONDENCE ADDRESSES:			
The Board is mandated by law to obtain a public address from ALL licensees. If you do not provide a public address, the Board will use your Board Correspondence address for public records. If you do not provide either a Mailing Address or a Board Correspondence address, the Board will use your home address for public records and Board correspondence. Your renewal application WILL NOT be processed without a valid address.			
PUBLIC MAILING ADDRESS: The PUBLIC MAILING address will be used for the PUBLIC to contact you. It will be the address listed on the mailing lists, the Board directory, and will be available upon request, to other agencies and the general public.			
Name:			
Address 1:			
Address 2:		County:	
City:		State:	Zip:
Phone:		Fax:	
Email:			
BOARD CORRESPONDENCE ADDRESS: The BOARD CORRESPONDENCE address is for BOARD USE ONLY . This address will NOT be provided to anyone...unless...we DO NOT have a Public address.			
Name:			
Address 1:			
Address 2:		County:	
City:		State:	Zip:
Phone:		Fax:	
Email:			
HOME ADDRESS:			
Address 1:			
Address 2:		County:	
City:		State:	Zip:
Phone:		Fax:	
Email:			
GENDER: Female:		Male:	ETHNICITY:
PLACE OF BIRTH: City		State:	Country:
SIGNATURE:			DATE:

Please maintain copies of ALL documents submitted to the Board office.
Fees are \$1. per page and MUST be paid before staff can provide any copies.



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License Renewal Affidavit

2012-2013

Answer the questions, below, as related to your Psychology licensure status. If "YES" to ANY questions, you **MUST** provide details. This questionnaire **MUST** be completed and be submitted by June 30 2012.

Licensee Name: _____

Licensee Number: _____

QUESTIONS	Yes/No	If "YES," you MUST Explain
1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever had employment(s), work assignment(s), volunteer posting(s), job duties, and/or job duty locations terminated, suspended, and/or altered due to ANY of the following: Substance Abuse Mental Impairment Sexual Misconduct	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
PSYCHOLOGY LICENSE: See note below**		
3. Have you ever had ANY disciplinary action taken against your <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has ANY disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against your <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever applied for and been denied, or had suspended or revoked, licensure/certification in ANY state/province as a provider of <u>psychological</u> services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever surrendered a <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever applied for and been denied, or had suspended or revoked, membership in ANY professional psychological association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROFESSIONAL LICENSURE (excluding Psychology): If NOT APPLICABLE, please answer "NO" to Questions 8, 9, and 10. See note below***		If "YES" indicate the "TYPE of license, DATE, and STATE/PROVINCE"
8. Has ANY disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against ANY <u>professional</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has a request for a <u>professional</u> license/certificate ever been denied or revoked in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever surrendered a <u>professional</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

***NOTE: Questions about surrendered, denied, suspended or revoked license relates to ethical complaints and disciplinary actions. It excludes not renewing a license due to moving to another state.

**NOTE: Professional License is a license in a field other than Psychology.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

License Signature: _____ Date: _____

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CONTINUING EDUCATION UNITS (CEUs) AND Payment Form 2012-2013—License Renewal

Complete and submit this form **ONLY** if you are mailing **ALL** of the license renewal forms to the Board office for processing.

CONTINUING EDUCATION UNITS

ATTESTMENT OF CEU REPORTING	
I attest to having completed at least twenty (20) hours of continuing education from July 1, 2011 until June 30, 2012. Arkansas Psychology Board's Rules and Regulations § 9.	<input type="checkbox"/> YES
OR —Exception to the Requirement see § 9.2.A and/or § 9.2.B.	<input type="checkbox"/> YES
OR —INCOMPLETE—from July 1 to June 30, I have only completed _____	Hours

PAYMENT INFORMATION

METHODS OF PAYMENT:

- ☐ Debit/Credit Card (**ONLY** Discover, Master Card, or Visa can be accepted)
☐ Check ☐ Money Order

AMOUNT:

- ☐ \$200 Active ☐ \$100 Voluntary Inactive ☐ \$0 Retired

I, _____, authorize the Arkansas Psychology Board to charge my debit/credit card for the amount indicated above.

Signature

Date

If paying via credit/debit card, please note that this portion of the payment page will be shredded after your renewal is processed. Thank you.

Debit/Credit Card information:

Type of card: ☐ Credit ☐ Debit ☐ Discover ☐ Master Charge ☐ Visa

Account number: _____

Expiration Date: _____

Last 3 digits on back of card: _____

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*NOTE—The Board will accept
only legible, signed, original
forms without corrections.*

—Supervision Report Form—

☐ **Quarterly Report**

☐ **Annual Report**

Period of Supervision From: _____ To: _____

Supervisee Name (PRINTED): _____ AR License Number: _____

Supervisor Name (PRINTED): _____ AR License Number: _____

☐ I am not providing services requiring supervision at this time.

☐ I am not residing in the State of Arkansas at this time.

1. Describe the frequency and type of scheduled supervision sessions, and nature of supervision contact, whether individual, group, telephone, and/or correspondence.

2. Indicate the total number of hours of supervision per type of contact as defined in question one (1).

3. Describe below the nature of unscheduled supervision and contact of supervisor with supervisee.

4. Describe supervisee's general function as related to supervision requirements.

5. Describe any specific areas covered in the supervision process, e.g., expanding practice, etc.

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Any change of status in the supervisory relationship **MUST** be reported in writing by the supervisee to the board within ten (10) working days of the change of status per AR Psychology Board Rules and Regulations §6.3.B.(3).